## Case 16-06781 Doc 1 Filed 02/29/16 Entered 02/29/16 13:34:56 Desc Main Document Page 1 of 50

| Fill in this information to identify your case: |                                 |                                   |
|---|---------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                   |
| Case number (if known)                          | _ Chapter you are filing under: |                                   |
|   | Chapter 7                       |                                   |
|   | ☐ Chapter 11                    |                                   |
|   | ☐ Chapter 12                    |                                   |
|   | ☐ Chapter 13                    | ☐ Check if this an amended filing |

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself  |  |   |
|----|--|--|---|
|    |  | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name   |  |   |
|    | Write the name that is on  | Gerardo                                  |   |
|    | your government-issued<br>picture identification (for<br>example, your driver's  | First name                               | First name                                    |
|    | license or passport).  | Middle name                              | Middle name                                   |
|    | Bring your picture   | Silva                                    |   |
|    | identification to your meeting with the trustee.   | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2. | All other names you have used in the last 8 years  |  |   |
|    | Include your married or maiden names.  |  |   |
| 3. | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-3720                              |   |

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Case number (if known) Debtor 1 Gerardo Silva

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|----|---|---|--|--|--|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years<br>Include trade names and<br>doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs   |  |  |  |
| 5. | Where you live  |   | If Debtor 2 lives at a different address:  |  |  |  |
|    |   | 6524 S Whipple St. Chicago, IL 60629  Number, Street, City, State & ZIP Code  Cook  County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code  County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code |  |  |  |
| 6. | Why you are choosing this district to file for bankruptcy   | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)   | Check one:  ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |  |  |  |

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| Par | t 2: Tell the Court About   | Your I  | Bankruptcy Ca                                      | ase  |  |   |   |      |  |  |
|-----|---|---|--|--|--|---|---|------|--|--|
| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |  |  |  |   |   |      |  |  |
|     | choosing to file under  |   | Chapter 7  |  |  |   |   |      |  |  |
|     |   |   | Chapter 11   |  |  |   |   |      |  |  |
|     |   |   | Chapter 12   |  |  |   |   |      |  |  |
|     |   |   | Chapter 13   |  |  |   |   |      |  |  |
| 3.  | How you will pay the fee  | •   | about how yo                                       | ou may pay. Ty<br>attorney is sub                      | pically, if you are  | paying the fe                                 | e check with the clerk's office in your local court for more de<br>fee yourself, you may pay with cash, cashier's check, or more<br>ur behalf, your attorney may pay with a credit card or check  | oney |  |  |
|     |   |   | I need to pa                                       | y the fee in ins                                       | the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay in Installments (Official Form 103A). |   |   |      |  |  |
|     |   |   | I request that<br>but is not rec<br>that applies t | at my fee be w<br>quired to, waive<br>to your family s | raived (You may re your fee, and ma  | equest this o<br>y do so only<br>nable to pay | option only if you are filing for Chapter 7. By law, a judge n y if your income is less than 150% of the official poverty lin y the fee in installments). If you choose this option, you mu ived (Official Form 103B) and file it with your petition. | e Î  |  |  |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | ■ N   |  |  |  |   |   |      |  |  |
|     | ·   |   | District   |  | V  | Vhen  | Case number   |      |  |  |
|     |   |   | District   |  | V  | Vhen  | Case number   |      |  |  |
|     |   |   | District   |  | V  | Vhen  | Case number   |      |  |  |
| 10. | Are any bankruptcy cases pending or being   |   |  |  |  |   |   |      |  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ПΥ  | es.  |  |  |   |   |      |  |  |
|     |   |   | Debtor   |  |  |   | Relationship to you   |      |  |  |
|     |   |   | District   |  | V  | Vhen  | Case number, if known   |      |  |  |
|     |   |   | Debtor   |  |  |   | Relationship to you   |      |  |  |
|     |   |   | District   |  | V  | Vhen  | Case number, if known   |      |  |  |
| 11. | Do you rent your  | <b>I</b>  | lo. Go to  | line 12.   |  |   |   |      |  |  |
|     | residence?  | ΠY  | r <sub>es.</sub> Has yo                            | our landlord ob  | tained an eviction   | judgment ag                                   | against you and do you want to stay in your residence?  |      |  |  |
|     |   |   |  | No. Go to line   | e 12.  |   |   |      |  |  |
|     |   |   |  | Yes. Fill out Inbankruptcy pe                          |  | bout an Evict                                 | iction Judgment Against You (Form 101A) and file it with thi  | S    |  |  |

| Deb  | tor 1 Gerardo Silva   |                        |  | Docume                           | nt F        | ²age 4<br>— | 1 OT 5U     | Case numbe    | r (if known)  |               |               |             |
|------|---|------------------------|--|----------------------------------|-------------|-------------|-------------|---------------|---------------|---------------|---------------|-------------|
| Pari | t 3: Report About Any B   | usinesses              | You Own as   | s a Sole Proprieto               | or          |             |             |               |               |               |               |             |
|      | Are you a sole proprietor of any full- or part-time business?   |                        | Go to Pa   | <del>-</del>                     |             |             |             |               |               |               |               |             |
|      |   | ☐ Yes.                 | Name ar  | nd location of busi              | ness        |             |             |               |               |               |               |             |
|      | A sole proprietorship is a  |                        |  |                                  |             |             |             |               |               |               |               |             |
|      | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                        | Name of  | business, if any                 |             |             |             |               |               |               |               | -           |
|      | If you have more than one sole proprietorship, use a separate sheet and attach  |                        | Number   | Street, City, State              | e & ZIP Co  | ode         |             |               |               |               |               |             |
|      | it to this petition.  |                        | Check th   | ne appropriate box               | to descri   | be your t   | ousiness:   |               |               |               |               |             |
|      |   |                        | □ H  | lealth Care Busin                | ess (as de  | fined in 1  | 11 U.S.C. § | 101(27A))     |               |               |               |             |
|      |   |                        |  | Single Asset Real                | Estate (as  | defined     | in 11 U.S.C | C. § 101(51B) | )             |               |               |             |
|      |   |                        |  | Stockbroker (as de               | fined in 1  | 1 U.S.C.    | § 101(53A)  | ))            |               |               |               |             |
|      |   |                        |  | Commodity Broker                 | (as define  | ed in 11 l  | J.S.C. § 10 | 1(6))         |               |               |               |             |
|      |   |                        | □ 1  | None of the above                |             |             |             |               |               |               |               |             |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?                           | deadline<br>e operatio | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set approper deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the process in 11 U.S.C. 1116(1)(B). |                                  |             |             |             |               | tatement of   |               |               |             |
|      | For a definition of small   | ■ No.                  | I am not   | filing under Chapt               | ter 11.     |             |             |               |               |               |               |             |
|      | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                  | I am filin<br>Code.  | g under Chapter 1                | 1, but I ar | n NOT a     | small busi  | ness debtor a | according to  | the definit   | tion in the E | 3ankruptcy  |
|      |   | ☐ Yes.                 | I am filin   | g under Chapter 1                | 1 and I ar  | n a smal    | l business  | debtor accor  | ding to the o | definition in | the Bankr     | uptcy Code. |
| Par  | t 4: Report if You Own o  | or Have An             | y Hazardous  | Property or Any                  | Property    | That Ne     | eds Imme    | diate Attenti | on            |               |               |             |
| 14.  | Do you own or have any  | ■ No.                  |  |                                  |             |             |             |               |               |               |               |             |
|      | property that poses or is alleged to pose a threat  | □ Yes.                 |  |                                  |             |             |             |               |               |               |               |             |
|      | of imminent and identifiable hazard to public health or safety?   |                        | What is the  | hazard?                          |             |             |             |               |               |               |               |             |
|      | Or do you own any property that needs immediate attention?  |                        |  | te attention is ny is it needed? |             |             |             |               |               |               |               |             |
|      | For example, do you own perishable goods, or  |                        |  |                                  |             |             |             |               |               |               |               |             |

Number, Street, City, State & Zip Code

Where is the property?

livestock that must be fed, or a building that needs urgent repairs?

Page 5 of 50 Document Case number (if known) Gerardo Silva Debtor 1

Explain Your Efforts to Receive a Briefing About Credit Counseling Part 5:

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. 

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a | briefing about credit |
|--------------------------------|-----------------------|
| counseling because of:         |                       |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Gerardo Silva Debtor 1 **Answer These Questions for Reporting Purposes** Part 6: 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under ☐ No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1.000-5.000 1** 25.001-50.000 1-49 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 19. How much do you **□** \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50.001 - \$100.000 □ \$10.000.001 - \$50 million □ \$1.000.000.001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10.000.000.001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$500,000,001 - \$1 billion □ \$0 - \$50,000 □ \$1,000,001 - \$10 million estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Gerardo Silva Signature of Debtor 2 Gerardo Silva Signature of Debtor 1 Executed on February 29, 2016 Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Gerardo Silva Document Page 7 of 50 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Daniel Gonzalez                    | <u> </u>  | Date          | February 29, 2016          |
|--|-----------|---------------|----------------------------|
| Signature of Attorney f                | or Debtor |               | MM / DD / YYYY             |
| Daniel Gonzalez Printed name           |           |               |                            |
| Gonzalez Law Gro                       | up, P.C.  |               |                            |
| Firm name                              | 4. 114    |               |                            |
| 1904 S. Cicero, Su<br>Cicero, IL 60804 | te #1     |               |                            |
| Number, Street, City, State &          | ZIP Code  |               |                            |
| Contact phone 312-962                  | 2-0416    | Email address | glg@gonzalezlawchicago.com |
| 6285539                                |           |               |                            |
| Bar number & State                     |           |               | <del></del>                |

|   |                         | DOCUM             | ani Page 8 or 50 |                                    |
|---|-------------------------|-------------------|------------------|------------------------------------|
| Fill in this infor                      | mation to identify your | case:             |                  |                                    |
| Debtor 1                                | Gerardo Silva           |                   |                  |                                    |
|   | First Name              | Middle Name       | Last Name        |                                    |
| Debtor 2                                |                         |                   |                  |                                    |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name        |                                    |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS      |                                    |
| Case number                             |                         |                   |                  |                                    |
| (if known)                              |                         |                   |                  | Check if this is an amended filing |

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | 11: Summarize Your Assets   |            |                          |
|-----|---|------------|--------------------------|
|     |   | Your a     | ssets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$         | 111,000.00               |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$         | 24,959.00                |
|     | 1c. Copy line 63, Total of all property on Schedule A/B   | \$         | 135,959.00               |
| Par | 2: Summarize Your Liabilities   |            |                          |
|     |   |            | iabilities<br>nt you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D              | \$         | 179,405.71               |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$         | 0.00                     |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$         | 32,074.00                |
|     | Your total liabilities  | \$         | 211,479.71               |
| Par | 3: Summarize Your Income and Expenses   |            |                          |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$         | 1,357.46                 |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$         | 2,303.00                 |
| Par | 4: Answer These Questions for Administrative and Statistical Records  |            |                          |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                  | ur other s | chedules.                |
| 7.  | Yes What kind of debt do you have?  |            |                          |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a bounded number "14411 C.C. \$ 404(0). Fill publicate 9.00 for statistical numbers 2011 C.C. \$ 450 | a persona  | l, family, or            |

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11: <b>OR</b> Form 122B Line 11: <b>OR</b> Form 122C-1 Line 14 |    |
|----|---|----|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.   | \$ |

1,479.63

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total c | laim     |
|--|---------|----------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 0.00     |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$      | 3,312.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 3,312.00 |

|                       | Ca   | ase 16-06781   | L Doc 1 I  |                           | )2/29/16<br>Iment                           | Entered 02/29/3   | 16 13:34  | :56 De:  | sc Main            | l                              |
|-----------------------|--|--|--|---------------------------|---|---|---|--|--------------------|--------------------------------|
| Filli                 | n this infor   | mation to identify                                     | your case and th   | his filing:               | :   |   |   |  |                    |                                |
| Debt                  | tor 1  | Gerardo Silv   | a  |                           |   |   |   |  |                    |                                |
|                       |  | First Name   | Middle   | e Name                    |   | Last Name   |   |  |                    |                                |
| Debt<br>(Spou         | tor 2<br>se, if filing)                                  | First Name   | Middle   | e Name                    |   | Last Name   |   |  |                    |                                |
| Unite                 | ed States Ba   | inkruptcy Court for                                    | the NORTHER  | N DISTR                   | ICT OF ILLIN                                | JOIS  |   |  |                    |                                |
| 011110                | 54 <b>5</b> (4)(5)                                       | anticipito y Court for                                 | 110.   |                           | 101 01 12211                                | .0.0  |   |  |                    |                                |
| Case                  | e number _   |  |  |                           |   | -   |   |  |                    | k if this is an<br>nded filing |
| Sc<br>n eac<br>t fits | hedul<br>h category, s<br>best. Be as c<br>space is need | omplete and accurated and accurated attach a separated | scribe items. List at the as possible. If two the sheet to this form | o married<br>n. On the to | people are fili<br>op of any addi           | asset fits in more than one<br>ng together, both are equall<br>tional pages, write your nan<br>or Have an Interest In | y responsible   | for supplying  | correct info       | rmation. If                    |
| _                     | No. Go to Par<br>Yes. Where is                           | t 2.<br>s the property?                                |  |                           |   |   |   |  |                    |                                |
| 1.1                   |  |  |  | What is                   | s the property                              | ? Check all that apply  |   |  |                    |                                |
|                       | 6524 S WI<br>Street address,                             | <b>hipple St.</b><br>if available, or other des        | cription   |                           | Single-family h Duplex or multi Condominium | i-unit building   | amount of a   | uct secured cla<br>any secured cla<br>Vho Have Clain | ims on <i>Sche</i> | edule D:                       |
|                       | Chicago  | IL   | 60629-0000   | _                         | Manufactured of Land                        | or mobile home  | Current va  |  | Current va         | alue of the                    |
| -                     | City   | State  | ZIP Code   |                           | Investment pro                              | perty   |   | 1,000.00   |                    | 111,000.00                     |
|                       |  |  |  |                           |   |   | Describe the nature of your ownership in (such as fee simple, tenancy by the entiting a life estate), if known. |  |                    |                                |
|                       |  |  |  |                           | Debtor 1 only                               |   | Fee sim   | ple  |                    |                                |
| -                     | Cook   |  |  |                           | Debtor 2 only                               |   |   |  |                    |                                |
|                       | County   |  |  | _                         | Debtor 1 and D                              | •   |   | t if this is com                                     | munity prop        | erty                           |
|                       |  |  |  | Other i                   |   | the debtors and another<br>u wish to add about this iten<br>n number:   | `   | (see instructions) as local                          |                    |                                |
|                       |  |  |  |                           | per Zillow                                  |   |   |  |                    |                                |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$111,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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Case number (if known) Document

Gerardo Silva 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Do not deduct secured claims or exemptions. Put Chevrolet Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Equinoz** Creditors Who Have Claims Secured by Property. Model: Debtor 1 only Year: 2012 Debtor 2 only Current value of the Current value of the Approximate mileage: 30K entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another Value per Kelly Blue Book \$14,000.00 \$14,000.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Chevrolet Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Spark Model: Debtor 1 only Creditors Who Have Claims Secured by Property. Year: 2013 Debtor 2 only Current value of the Current value of the Approximate mileage: 22K entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another Value per Kelly Blue Book \$7,500.00 \$7,500.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Nissan Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Sentra Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2004 Year: Debtor 2 only Current value of the Current value of the 127K Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another value per Kelly Blue Book \$1.800.00 \$1,800.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Chevrolet 34 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Prizm** Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 1998 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: 128K Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another value per Kelly Blue Book \$1,000.00 \$1,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$24,300.00 pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured

Official Form 106A/B Schedule A/B: Property

Debtor 1

page 2

claims or exemptions.

| D  | ebtor 1  | Case 16-                                     |                            | Doc 1          | Filed 02/29/1<br>Document                      | 6 Entere<br>Page 12 | ed 02/29/16 13:3<br>2 of 50<br>Case number ( |            | Desc Main               |             |
|----|--|--|----------------------------|----------------|--|---------------------|--|------------|-------------------------|-------------|
|    | Househ<br>Example<br>□ No                      | old goods and                                | furnishing<br>nces, furnit | ure, linens, c | hina, kitchenware                              | •                   | Case Humber (                                | KIOWII)    |                         | \$500.00    |
| 7. | ■ No   | les: Televisions a                           |                            |                | , stereo, and digital eq<br>dia players, games | uipment; comp       | outers, printers, scanners                   | s; music c | collections; electronic | c devices   |
| 8. | Collecti Example                               | bles of value                                |                            |                |  | oooks, pictures     | s, or other art objects; sta                 | amp, coin  | , or baseball card co   | ollections; |
| 9. | Equipm<br>Example                              | ent for sports a                             | ographic, ex               |                | other hobby equipmer                           | it; bicycles, pod   | ol tables, golf clubs, skis                  | s; canoes  | and kayaks; carpent     | try tools;  |
| 10 | . <b>Firear</b> ı<br>Exam <sub>l</sub><br>■ No | ms   | es, shotguns               | s, ammunitio   | n, and related equipm                          | ent                 |  |            |                         |             |
| 11 | □ No   |  |                            | , leather coat | ts, designer wear, sho                         | es, accessories     | 3  |            |                         | \$50.00     |
| 12 | □ No   |  | ewelry, cost               |                | engagement rings, w                            | edding rings, h     | eirloom jewelry, watches                     | s, gems, ç | gold, silver            | \$50.00     |
| 13 | Exam <sub>i</sub> ■ No                         | arm animals<br>ples: Dogs, cats,<br>Describe | birds, hors                | es             |  |                     |  |            |                         |             |
| 14 | ■ No   | her personal ar                              |                            | •              | u did not already list                         | , including an      | y health aids you did n                      | not list   |                         |             |
| 15 |  |  | •                          |                | rom Part 3, includinç                          | •                   | or pages you have atta                       | ıched      | \$6                     | 00.00       |

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

|    | Case   | 2 16-06781                                | Doc 1                         | Filed 02/29/16<br>Document  | Entered 02/29/16 13:34:56<br>Page 13 of 50   | Desc Main                  |
|----|--|---|-------------------------------|---|--|----------------------------|
| De | otor 1 Gerard  | do Silva                                  |                               |   | Case number (if known)   |                            |
|    | ⊒ No <sup>′</sup>  |   |                               | our home, in a safe dep   | osit box, and on hand when you file your petit  Cash on hand                             | ion<br><b>\$25.00</b>      |
|    |  |   |                               |   |  | <u> </u>                   |
| ı  |  | cking, savings, or<br>cutions. If you hav |                               | al accounts; certificates<br>counts with the same in<br>Institution | ,  | houses, and other similar  |
|    |  | 17.1.                                     | Savings                       | Federal S   | Savings Bank   | \$10.00                    |
|    |  | 17.2.                                     | Checking                      | Citibank  |  | \$24.00                    |
| 1  | ■ No   | funds, investme                           |                               | vith brokerage firms, mo  | ney market accounts  |                            |
|    | ☐ Yes  | '   | nstitution of is              | ssuer name:   |  |                            |
| ı  | Non-publicly tra<br>and joint ventu<br>■ No<br>□ Yes. Give spe | re  |                               |   | orporated businesses, including an intere  | st in an LLC, partnership, |
|    | ·  |   | e of entity:                  |   | % of ownership:  |                            |
| ı  | Negotiable instr   | uments include poinstruments are the      | ersonal check<br>nose you can | s, cashiers' checks, pro  | negotiable instruments  missory notes, and money orders.  by signing or delivering them. |                            |
| _  | Retirement or p Examples: Interes No                           |   |                               | 1(k), 403(b), thrift savin  | gs accounts, or other pension or profit-sharing  | j plans                    |
| I  | ☐ Yes. List each   | •   | ely.<br>f account:            | Institution i   | name:  |                            |
|    | Examples: Agre   | I unused deposits                         | you have ma                   |   | ntinue service or use from a company<br>ectric, gas, water), telecommunications compa    | anies, or others           |
|    | ■ No<br>□ Yes  |   |                               | Institution i   | name or individual:  |                            |
|    | Annuities (A cor   | ntract for a period                       | ic payment of                 | f money to you, either fo   | or life or for a number of years)  |                            |
|    | ☐ Yes  | Issuer name                               | and descript                  | ion.  |  |                            |
|    | Interests in an e<br>26 U.S.C. §§ 530<br>■ No                  |   |                               |   | ogram, or under a qualified state tuition pr   | ogram.                     |
|    | ■ No<br>□ Yes  | Institution na                            | ame and desc                  | cription. Separately file t   | he records of any interests.11 U.S.C. § 521(c  | ):                         |
|    | Trusts, equitabl ■ No □ Yes. Give spe                          |   |                               | erty (other than anythii  | ng listed in line 1), and rights or powers ex  | ercisable for your benefit |

| Del | btor 1          | Gerardo Silva   | Document                                      | Page 14              | Of 50<br>Case number (if known)    |   |
|-----|-----------------|---|---|----------------------|------------------------------------|---|
|     |                 |   |   |                      | Case Hamber (II known)             |   |
| ı   | Examp<br>■ No   | copyrights, trademarks, trade secrets<br>les: Internet domain names, websites, pro<br>Give specific information about them              |   |                      | greements                          |   |
|     | <b>⊐</b> 165.   | Give specific information about them  |   |                      |                                    |   |
| ı   | Examp<br>■ No   | es, franchises, and other general intang<br>les: Building permits, exclusive licenses, c<br>Give specific information about them        |   | n holdings, liqu     | or licenses, professional licen    | ses   |
| Мо  | nev or i        | property owed to you?   |   |                      |                                    | Current value of the  |
| 0   | ,               | лорону опошно усы.  |   |                      |                                    | portion you own?  Do not deduct secured claims or exemptions. |
| _   | Tax ref<br>■ No | unds owed to you  |   |                      |                                    |   |
| [   | ☐ Yes.          | Give specific information about them, inclu   | ding whether you alre                         | ady filed the re     | eturns and the tax years           |   |
| I   | Examp<br>■ No   | support  les: Past due or lump sum alimony, spous  Give specific information  | al support, child supp                        | ort, maintenand      | ce, divorce settlement, propert    | y settlement  |
| ļ   | Examp<br>■ No   | imounts someone owes you  iles: Unpaid wages, disability insurance pa benefits; unpaid loans you made to so  Give specific information  |   | efits, sick pay,     | vacation pay, workers' compe       | ensation, Social Security                                     |
|     |                 |   |   |                      |                                    |   |
| ı   | Examp<br>■ No   | ts in insurance policies<br>lles: Health, disability, or life insurance; hea  | · ·   | HSA); credit, h      | omeowner's, or renter's insura     | ance  |
| [   | ☐ Yes.          | Name the insurance company of each poli-<br>Company name:   | cy and list its value.                        | D.                   | eneficiary:                        | Surrender or refund   |
|     |                 | Company name.   |   | De                   | Filelicially.                      | value:  |
| ı   | If you a someo  | erest in property that is due you from so<br>are the beneficiary of a living trust, expect p<br>ne has died.  Give specific information | omeone who has die<br>proceeds from a life in | ed<br>surance policy | , or are currently entitled to red | ceive property because  |
| I   | Examp<br>■ No   | against third parties, whether or not youles: Accidents, employment disputes, insurance Describe each claim                             |   |                      | emand for payment                  |   |
|     | Other o         | contingent and unliquidated claims of e   | very nature, includin                         | g counterclaii       | ms of the debtor and rights t      | o set off claims  |
|     |                 | Describe each claim   |   |                      |                                    |   |
| _   |                 | ancial assets you did not already list  |   |                      |                                    |   |
| _   | ■ No<br>□ Yes.  | Give specific information   |   |                      |                                    |   |
| 36. |                 | ne dollar value of all of your entries from   |   |                      |                                    | \$59.00   |

Official Form 106A/B Schedule A/B: Property page 5

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

| Debt         | or 1                | Case 16-06781  Gerardo Silva                                   | Doc 1             | Filed 02/29/16<br>Document | Entered 0<br>Page 15 of | 2/29/16 13:34:56<br>50<br>Case number (if known) | Desc Main                |
|--------------|---------------------|--|-------------------|----------------------------|-------------------------|--|--------------------------|
| 27 <b>D</b>  |                     | own or have any legal or equit                                 | able interest in  | a any husinose-rolated pr  | oporty?                 | ,  |                          |
| _            | -                   | to Part 6.   | able iliterest il | i any business-relateu pi  | operty:                 |  |                          |
|              |                     | So to line 38.   |                   |                            |                         |  |                          |
| _            | 163. C              | to line 30.  |                   |                            |                         |  |                          |
| Part 6       |                     | scribe Any Farm- and Comme<br>ou own or have an interest in fa |                   |                            | n or Have an Interest   | ln.  |                          |
| 46. <b>D</b> | o you               | own or have any legal or                                       | r equitable ir    | nterest in any farm- or    | commercial fishi        | ng-related property?                             |                          |
| 1            | No.                 | Go to Part 7.  |                   |                            |                         |  |                          |
| [            | ☐ Yes               | . Go to line 47.   |                   |                            |                         |  |                          |
|              |                     |  |                   |                            |                         |  |                          |
| Part 7       | 7:                  | Describe All Property You                                      | Own or Have a     | n Interest in That You Dic | Not List Above          |  |                          |
| E            | E <i>xamp</i><br>No | have other property of a bles: Season tickets, countr          | y club memb       |                            |                         |  |                          |
| 54.          | Add t               | he dollar value of all of yo                                   | our entries fi    | om Part 7. Write that      | number here             |  | \$0.00                   |
| Part 8       | 3:                  | List the Totals of Each Part of                                | of this Form      |                            |                         |  |                          |
| 55.          | Part 1              | : Total real estate, line 2                                    |                   |                            |                         |  | \$111,000.00             |
| 56.          | Part 2              | 2: Total vehicles, line 5                                      |                   |                            | \$24,300.00             |  |                          |
| 57.          | Part 3              | 3: Total personal and hou                                      | sehold items      | s, line 15                 | \$600.00                |  |                          |
| 58.          | Part 4              | l: Total financial assets, l                                   | ine 36            |                            | \$59.00                 |  |                          |
| 59.          | Part 5              | i: Total business-related                                      | property, line    | e 45                       | \$0.00                  |  |                          |
|              |                     | 6: Total farm- and fishing-                                    |                   |                            | \$0.00                  |  |                          |
| 61.          | Part 7              | 7: Total other property no                                     | t listed, line    | 54 +                       | \$0.00                  |  |                          |
| 62.          | Total               | personal property. Add lin                                     | nes 56 throug     | h 61                       | \$24,959.00             | Copy personal property t                         | otal <b>\$24,959.0</b> 0 |

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$135,959.00

|   |                         | 17000000          | III FAUE IU III. | 1(1 |                  |
|---|-------------------------|-------------------|------------------|-----|------------------|
| Fill in this infor                      | mation to identify your | case:             |                  |     |                  |
| Debtor 1                                | Gerardo Silva           |                   |                  |     |                  |
|   | First Name              | Middle Name       | Last Name        |     |                  |
| Debtor 2                                |                         |                   |                  |     |                  |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name        |     |                  |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS      |     |                  |
| Case number                             |                         |                   |                  |     |                  |
| (if known)                              |                         |                   |                  |     | Check if this is |
|   |                         |                   |                  |     | amended filing   |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

12/15

On a sifing larger that all any assessment and

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the | Property | You | Claim as | Exemp | ١t |
|---------|----------|-----|----------|-----|----------|-------|----|
|---------|----------|-----|----------|-----|----------|-------|----|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Schedule A/B that lists this property                          | portion you own                     | ne Amount of the exemption you claim Specific laws that allow exem |                       |  |
|--|-------------------------------------|--|-----------------------|--|
|  | Copy the value from<br>Schedule A/B | Check only one box for each exemption.                             |                       |  |
| 2004 Nissan Sentra 127K miles value per Kelly Blue Book        | \$1,800.00                          | \$1,800.00   | 735 ILCS 5/12-1001(c) |  |
| Line from Schedule A/B: 3.3                                    |                                     | ☐ 100% of fair market value, up to any applicable statutory limit  |                       |  |
| 1998 Chevrolet Prizm 128K miles value per Kelly Blue Book      | \$1,000.00                          | \$1,000.00   | 735 ILCS 5/12-1001(b) |  |
| Line from Schedule A/B: 3.4                                    |                                     | ☐ 100% of fair market value, up to any applicable statutory limit  |                       |  |
| misc household goods and furniture Line from Schedule A/B: 6.1 | \$500.00                            | \$500.00   | 735 ILCS 5/12-1001(b) |  |
| Life from Schedule AVD. 4.1                                    |                                     | ☐ 100% of fair market value, up to any applicable statutory limit  |                       |  |
| used personal clothing Line from Schedule A/B: 11.1            | \$50.00                             | \$50.00  | 735 ILCS 5/12-1001(a) |  |
| Line nom <i>Schedule Av.D.</i> TTT                             |                                     | ☐ 100% of fair market value, up to any applicable statutory limit  |                       |  |
| misc jewelery  | \$50.00                             | \$50.00  | 735 ILCS 5/12-1001(b) |  |
| LITE HOTH Schedule PVD. 12.1                                   |                                     | 100% of fair market value, up to                                   |                       |  |

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Case number (if known)

|      | ef description of the property and line on hedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption |
|------|--|--------------------------------------|-----|---|------------------------------------|
|      |  | Copy the value from<br>Schedule A/B  | Che | ck only one box for each exemption.                             |                                    |
|      | e from Schedule A/B: 16.1  | \$25.00                              |     | \$25.00   | 735 ILCS 5/12-1001(b)              |
| LIII | e nom <i>Schedule AVD</i> . 10.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
|      | vings: Federal Savings Bank  | \$10.00                              |     | \$10.00   | 735 ILCS 5/12-1001(b)              |
| LIN  | e Ironi Schedule AVB. 17.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
|      | necking: Citibank<br>e from Schedule A/B: 17.2                                 | \$24.00                              |     | \$24.00   | 735 ILCS 5/12-1001(b)              |
| LIII | e IIOIII Scriedule AVB. 111.2  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |

Yes

|          |                                |                                   | Document P  | age 18         | of 50  | _  |                            |
|----------|--------------------------------|-----------------------------------|---|----------------|--|--|----------------------------|
| Fill in  | this informa                   | ation to identify you             | r case:   |                |  |  |                            |
| Debto    | r 1                            | Gerardo Silva                     |   |                |  |  |                            |
|          |                                | First Name                        | Middle Name La  | st Name        |  |  |                            |
| Debto    | r 2<br>e if, filing)           | First Name                        | Middle Name La  | ast Name       |  |  |                            |
|          |                                |                                   |   |                |  |  |                            |
| United   | l States Bank                  | kruptcy Court for the:            | NORTHERN DISTRICT OF ILLING   | DIS            |  |  |                            |
| Case r   | number                         |                                   |   |                |  |  | if this is an<br>ed filing |
| Offic    | ial Form                       | 106D                              |   |                |  |  |                            |
|          |                                |                                   | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\  |                | L  |  |                            |
| Scn      | eaule L                        | D: Creditors                      | Who Have Claims Se  | curea          | by Property  | <u>y</u>                                     | 12/15                      |
|          | , copy the Add                 |                                   | two married people are filing together, bo<br>number the entries, and attach it to this fo  |                |  |  |                            |
| I. Do an | ny creditors ha                | ave claims secured by             | your property?  |                |  |  |                            |
|          | No. Check t                    | his box and submit th             | nis form to the court with your other sch   | hedules. Yo    | u have nothing else                                    | to report on this form.                      |                            |
|          | Yes. Fill in a                 | all of the information I          | below.  |                |  |  |                            |
| Part 1   | List All                       | Secured Claims                    |   |                |  |  |                            |
| 2. List  | all secured cla                | aims. If a creditor has m         | ore than one secured claim, list the creditor s   | separately for | Column A   | Column B                                     | Column C                   |
| as poss  | sible, list the cla            | aims in alphabetical orde         | articular claim, list the other creditors in Part 2 er according to the creditor's name.  |                | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any   |
|          | Fifth Third<br>Creditor's Name | Bank                              | Describe the property that secures the c  |                | \$152,147.71   | \$111,000.00                                 | \$41,147.71                |
| F        | PO Box 630                     |                                   | 6524 S Whipple St. Chicago, IL<br>60629 Cook County<br>value per Zillow<br>As of the date you file, the claim is: Check<br>apply. |                |  |  |                            |
| _        | Cincinnati,                    |                                   | Contingent  |                |  |  |                            |
| N        | Number, Street, C              | City, State & Zip Code            | ☐ Unliquidated ☐ Disputed   |                |  |  |                            |
| Who o    | wes the deb                    | t? Check one.                     | Nature of lien. Check all that apply.   |                |  |  |                            |
| _        | otor 1 only                    |                                   | An agreement you made (such as morto car loan)  | gage or secure | ed   |  |                            |
| _        | otor 2 only                    | 4 O                               | _   | :-!- !:\       |  |  |                            |
| _        | otor 1 and Debt                | tor 2 only<br>debtors and another | ☐ Statutory lien (such as tax lien, mechani☐ Judgment lien from a lawsuit   | ic's lien)     |  |  |                            |
|          | eck if this clain              |                                   | Other (including a right to offset)   |                |  |  |                            |
|          | mmunity debt                   |                                   |   |                |  |  |                            |
| Date de  | ebt was incurr                 | red                               | Last 4 digits of account number   | 8250           |  |  |                            |
|          |                                |                                   |   |                |  |  |                            |
|          | Pnc Bank<br>Creditor's Name    |                                   | Describe the property that secures the c  |                | \$10,708.00  | \$7,500.00                                   | \$3,208.00                 |
|          | Steditor's Name                |                                   | 2013 Chevrolet Spark 22K miles<br>Value per Kelly Blue Book   |                |  |  |                            |
| 2        | 2730 Libert                    | y Ave                             | As of the date you file, the claim is: Check apply.   | k all that     |  |  |                            |
| F        | Pittsburgh,                    | PA 15222                          | Contingent  |                |  |  |                            |
| N        | Number, Street, C              | City, State & Zip Code            | ☐ Unliquidated  |                |  |  |                            |
| Who o    | wes the deb                    | t? Check one                      | Disputed  Nature of lien. Check all that apply.   |                |  |  |                            |
| _        |                                | CONTROL ONE.                      | An agreement you made (such as morto  | nage or secur  | ed   |  |                            |
|          | otor 1 only<br>otor 2 only     |                                   | car loan)   | gage or scould | <b>-</b>   |  |                            |
|          | otor 2 only<br>otor 1 and Debt | tor 2 only                        | ☐ Statutory lien (such as tax lien, mechani   | ic's lien)     |  |  |                            |
|          |                                | debtors and another               | ☐ Judgment lien from a lawsuit  |                |  |  |                            |

 $\square$  Check if this claim relates to a

community debt

☐ Other (including a right to offset)

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| Debtor 1 Gerardo Silva   |  | C  | Case number (if know)        |                         |              |  |  |
|--|--|--|------------------------------|-------------------------|--------------|--|--|
| First Name Middle N  | lame Last Name   |  |                              |                         |              |  |  |
| Opened 9/01/13 Last Active Date debt was incurred 12/28/15         | Last 4 digits of account number  | 4844   |                              |                         |              |  |  |
|  |  |  |                              |                         |              |  |  |
| 2.3 Wfds/wds   | Describe the property that secures the cl  |  | \$16,550.00                  | \$14,000.00             | \$2,550.00   |  |  |
| Creditor's Name  | 2012 Chevrolet Equinoz 30K mi<br>Value per Kelly Blue Book   | les  |                              |                         |              |  |  |
| Po Box 1697<br>Winterville, NC 28590                               | As of the date you file, the claim is: Check apply.  Contingent  | all that   |                              |                         |              |  |  |
| Number, Street, City, State & Zip Code                             | Unliquidated   |  |                              |                         |              |  |  |
| Who owes the debt? Check one.                                      | □ Unliquidated □ Disputed Nature of lien. Check all that apply.  |  |                              |                         |              |  |  |
| ■ Debtor 1 only □ Debtor 2 only                                    | ☐ An agreement you made (such as mortg car loan)   | An agreement you made (such as mortgage or secured car loan) |                              |                         |              |  |  |
| Debtor 1 and Debtor 2 only   | ☐ Statutory lien (such as tax lien, mechani  | c's lien)  |                              |                         |              |  |  |
| At least one of the debtors and another                            | ☐ Judgment lien from a lawsuit   |  |                              |                         |              |  |  |
| ☐ Check if this claim relates to a community debt                  | Other (including a right to offset)  |  |                              |                         |              |  |  |
| Opened<br>9/01/13<br>Last Active                                   |  |  |                              |                         |              |  |  |
| Date debt was incurred 12/28/15                                    | Last 4 digits of account number  | 7516   |                              |                         |              |  |  |
|  |  |  |                              |                         |              |  |  |
| Add the dollar value of your entries in C                          | olumn A on this page. Write that number he   | ere:   | \$179,405.7°                 | 1                       |              |  |  |
| If this is the last page of your form, add Write that number here: | the dollar value totals from all pages.  |  | \$179,405.7                  | 1                       |              |  |  |
|  | on a Bahi Thai Yan Alaa da Lista d   |  |                              |                         |              |  |  |
| Part 2: List Others to Be Notified for                             | •  |  |                              |                         |              |  |  |
| to collect from you for a debt you owe to s                        | e notified about your bankruptcy for a debt<br>someone else, list the creditor in Part 1, and<br>d in Part 1, list the additional creditors here | d then list th   | ne collection agency here. S | imilarly, if you have m | ore than one |  |  |
| Name Address   |  |  |                              |                         |              |  |  |
| -NONE-   | On w   | hich line  | in Part 1 did you ent        | er the creditor?        |              |  |  |
|  | Last   | 4 digits o   | of account number            |                         |              |  |  |

|               | O430 10 00   | NOI DOOI                       | Document  | Page 20           | 0 of 50  | 00 00          | 30 Main                   |
|---------------|--|--------------------------------|---|-------------------|--|----------------|---------------------------|
| Fill in thi   | is information to ide  | entify your case:              |   |                   |  |                |                           |
| Debtor 1      | Gerardo  | Silva                          |   |                   |  |                |                           |
|               | First Name   |                                | e Name  | Last Name         |  |                |                           |
| Debtor 2      | iling) First Name  | N A:                           | a Nama  | Loot Name         |  |                |                           |
| (Spouse if, f |  |                                | e Name  | Last Name         |  |                |                           |
| United St     | tates Bankruptcy Cou   | irt for the: NORTHE            | RN DISTRICT OF ILL                                    | INOIS             |  |                |                           |
| Case nun      | mber   |                                |   |                   |  |                |                           |
| (if known)    |  |                                |   |                   |  |                | Check if this is an       |
|               |  |                                |   |                   |  |                | amended filing            |
| Official      | I Form 106E/F  | -<br>-                         |   |                   |  |                |                           |
|               |  | itors Who Hav                  | e Unsecured   | Claims            |  |                | 12/15                     |
|               |  |                                |   |                   | art 2 for creditors with NONPI   | RIORITY clair  |                           |
| D: Creditor   | rs Who Have Claims Se<br>uation Page to this pag<br>known).<br>- | ecured by Property. If mo      | re space is needed, cop<br>ation to report in a Part, | by the Part you   | ny creditors with partially sec<br>need, fill it out, number the o<br>t Part. On the top of any addi | entries in the | boxes on the left. Attach |
|               |  | ty unsecured claims agai       |   |                   |  |                |                           |
| ■ No          | o. Go to Part 2.   |                                |   |                   |  |                |                           |
| ☐ Ye          |  |                                |   |                   |  |                |                           |
|               |  | NPRIORITY Unsecur              | ed Claims   |                   |  |                |                           |
| 3. Do an      | y creditors have nonpr   | iority unsecured claims        | against you?  |                   |  |                |                           |
| □ No          | o. You have nothing to re  | port in this part. Submit thi  | is form to the court with yo                          | our other sched   | lules.   |                |                           |
| ■ Ye          | ne.  |                                |   |                   |  |                |                           |
|               |  |                                | - - - - - - - - - - - - - - - - - - -                 |                   |  | Al             |                           |
| claim,        | list the creditor separate                                       | ely for each claim. For each   | n claim listed, identify wha                          | at type of claim  | <b>nolds each claim.</b> If a creditor lit is. Do not list claims already i                          | ncluded in Pa  | art 1. If more than one   |
| credito       | or holds a particular clain                                      | n, list the other creditors in | Part 3.If you have more t                             | than three nonp   | priority unsecured claims fill out   | the Continua   |                           |
|               |  |                                |   |                   | 4040   |                | Total claim               |
|               | Barclays Bank Del<br>Ionpriority Creditor's Nar                  |                                | Last 4 digits of acco                                 | ount number       | 1040   |                | \$1,463.00                |
|               | 25 S West St   |                                |   |                   | Opened 2/01/15 Las   | t Active       |                           |
|               | Vilmington, DE 19  | 801                            | When was the debt i                                   | incurred?         | 5/04/15  |                | _                         |
|               | lumber Street City State   |                                | As of the date you fi                                 | ile, the claim is | : Check all that apply   |                |                           |
| v             | Vho incurred the debt?   | Check one.                     | ☐ Contingent  |                   |  |                |                           |
|               | Debtor 1 only  |                                | ☐ Unliquidated  |                   |  |                |                           |
|               | Debtor 2 only  |                                | ☐ Disputed  |                   |  |                |                           |
|               | Debtor 1 and Debtor 2  | 2 only                         | Type of NONPRIORI                                     | TY unsecured      | claim:   |                |                           |
|               | At least one of the deb  | otors and another              | ☐ Student loans                                       |                   |  |                |                           |
|               | ☐ Check if this claim is<br>s the claim subject to o             | for a community debt           | Obligations arising report as priority clain          | •                 | ration agreement or divorce tha  | t you did not  |                           |
|               | No   |                                | ☐ Debts to pension                                    | or profit-sharing | plans, and other similar debts   |                |                           |
|               | Yes  |                                | Other. Specify  | Credit Card       | <u> </u>   |                |                           |

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Debtor 1 Gerardo Silva Case number (if know) \$3,764.00 4.2 **Bk Of Amer** Last 4 digits of account number 1510 Nonpriority Creditor's Name Opened 7/01/14 Last Active Po Box 982238 When was the debt incurred? 12/16/15 El Paso, TX 79998 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.3 Cap1/mnrds Last 4 digits of account number 6499 \$2,770.00 Nonpriority Creditor's Name Opened 11/01/13 Last Active 9/25/15 When was the debt incurred? Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Charge Account** Other. Specify 4.4 Fifth Third Bank 0523 \$5,220.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 4/01/13 Last Active 5050 Kingsley Dr Md 1moc2g When was the debt incurred? 9/14/15 Cincinnati, OH 45263 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only □ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card

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Debtor 1 Gerardo Silva Case number (if know) \$908.00 4.5 Kohls/capone Last 4 digits of account number 1712 Nonpriority Creditor's Name Opened 10/01/08 Last Active N56 W 17000 Ridgewood Dr When was the debt incurred? 9/06/15 Menomonee Falls, WI 53051 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.6 Mohela/dept Of Ed Last 4 digits of account number 0001 \$3,312.00 Nonpriority Creditor's Name Opened 3/01/15 Last Active 633 Spirit Dr 12/08/15 When was the debt incurred? Chesterfield, MO 63005 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ☐ Other. Specify **Educational** 4.7 Sears/cbna Last 4 digits of account number 0025 \$775.00 Nonpriority Creditor's Name Opened 2/01/12 Last Active Po Box 6282 When was the debt incurred? 9/03/15 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only □ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes

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Debtor 1 Gerardo Silva Case number (if know) Syncb/hh Gregg \$1,083.00 4.8 Last 4 digits of account number 8730 Nonpriority Creditor's Name Opened 5/01/15 Last Active C/o P.o. Box 965036 When was the debt incurred? 9/06/15 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.9 Syncb/jcp Last 4 digits of account number 9212 \$450.00 Nonpriority Creditor's Name Opened 2/01/11 Last Active Po Box 965007 9/17/15 When was the debt incurred? Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Charge Account** Other. Specify 4.10 Syncb/lenscrafters 6707 \$879.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 4/01/11 Last Active C/o Po Box 965036 When was the debt incurred? 10/26/11 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only □ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Charge Account

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| tor 1 Gerardo Silva  |  | Case number (if know)   |            |
|--|--|---|------------|
| Syncb/walmart Nonpriority Creditor's Name  | Last 4 digits of account number  | 9067  | \$3,598.00 |
| Po Box 965024<br>Orlando, FL 32896   | When was the debt incurred?  | Opened 11/01/07 Last Active 8/24/15   |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one.  Debtor 1 only  | As of the date you file, the claim i   | s: Check all that apply   |            |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another   | ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans   | d claim:  |            |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? ————————————————————————————————————   | report as priority claims  | ration agreement or divorce that you did not  |            |
| ■ No<br>□ Yes  | ☐ Debts to pension or profit-sharin ☐ Other. Specify Charge Ac   |   |            |
| Td Bank Usa/targetcred Nonpriority Creditor's Name   | Last 4 digits of account number  | 1789  | \$2,221.00 |
| Po Box 673<br>Minneapolis, MN 55440  | When was the debt incurred?  | Opened 12/01/11 Last Active 9/17/15   |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?  No Yes | As of the date you file, the claim is Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a separeport as priority claims Debts to pension or profit-sharin Other. Specify Credit Care | d claim:  Iration agreement or divorce that you did not  g plans, and other similar debts |            |
| Thd/cbna Nonpriority Creditor's Name   | Last 4 digits of account number  | 1165  | \$3,569.00 |
| Po Box 6497<br>Sioux Falls, SD 57117   | When was the debt incurred?  | Opened 10/01/05 Last Active 9/11/15   |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?         | As of the date you file, the claim is  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a separeport as priority claims Debts to pension or profit-sharing                          | d claim:<br>rration agreement or divorce that you did not                                 |            |
| Yes  | ■ Other. Specify Charge Ac   | count   |            |

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Debtor 1 Gerardo Silva Case number (if know) 4.14 Turner Acceptance Crp Last 4 digits of account number 6578 \$2,062.00 Nonpriority Creditor's Name Opened 12/01/15 Last Active 5900 W Howard St When was the debt incurred? 12/31/15 Skokie, IL 60077 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Unsecured Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Line of (Check one): -NONE-Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total claim        |           |
|--------------|-----|---|-----|--------------------|-----------|
|              | 6a. | Domestic support obligations  | 6a. | \$                 | 0.00      |
| Total claims |     |   |     |                    |           |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$                 | 0.00      |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$                 | 0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$                 | 0.00      |
|              | 6e. | Total. Add lines 6a through 6d.   | 6e. | \$                 | 0.00      |
|              |     |   |     | <b>Total Claim</b> |           |
|              | 6f. | Student loans   | 6f. | \$                 | 3,312.00  |
| Total claims |     |   |     |                    |           |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$                 | 0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$                 | 0.00      |
|              | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. | \$                 | 28,762.00 |
|              | 6j. | Total. Add lines 6f through 6i.   | 6j. | \$                 | 32,074.00 |

|   |                          | 1700.01116        | III Paue 70 01:50 |                                      |
|---|--------------------------|-------------------|-------------------|--------------------------------------|
| Fill in this infor                      | rmation to identify your | case:             |                   |                                      |
| Debtor 1                                | Gerardo Silva            |                   |                   |                                      |
|   | First Name               | Middle Name       | Last Name         |                                      |
| Debtor 2                                |                          |                   |                   |                                      |
| (Spouse if, filing)                     | First Name               | Middle Name       | Last Name         |                                      |
| United States Bankruptcy Court for the: |                          | NORTHERN DISTRICT | OF ILLINOIS       |                                      |
| Case number                             |                          |                   |                   |                                      |
| (if known)                              |                          |                   |                   | ☐ Check if this is an amended filing |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| 1   | Person or | company with<br>Name, Number | whom you have the<br>, Street, City, State and ZIP ( | contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|--|-------------------|---|
| 2.1 |           |                              |  |                   |   |
|     | Name      |                              |  |                   | _                                       |
|     | Number    | Street                       |  |                   | _                                       |
|     | City      |                              | State  | ZIP Code          | <del>-</del>                            |
| 2.2 |           |                              |  |                   |   |
|     | Name      |                              |  |                   |   |
|     | Number    | Street                       |  |                   | _                                       |
|     | City      |                              | State  | ZIP Code          | _                                       |
| 2.3 |           |                              |  |                   |   |
|     | Name      |                              |  |                   | <del>_</del>                            |
|     |           |                              |  |                   |   |
|     |           |                              |  |                   | <u> </u>                                |
|     | Number    | Street                       |  |                   |   |
|     | City      |                              | State  | ZIP Code          | _                                       |
| 2.4 | Oity      |                              | Olate  | ZII OOGC          |   |
| 2.7 | Name      |                              |  |                   | _                                       |
|     | IVallic   |                              |  |                   |   |
|     |           |                              |  |                   |   |
|     | Number    | Street                       |  |                   |   |
|     | City      |                              | State  | ZIP Code          | _                                       |
| 2.5 |           |                              |  |                   |   |
|     | Name      |                              |  |                   | <del>_</del>                            |
|     |           |                              |  |                   |   |
|     | Number    | Street                       |  |                   | _                                       |
|     |           | 211001                       |  |                   |   |
|     | City      |                              | State  | ZIP Code          | <del>_</del>                            |
|     |           |                              |  |                   |   |

|                 |   | Docume                       | ent Page 27 d             | of 50                    |   |
|-----------------|---|------------------------------|---------------------------|--------------------------|---|
| Fill in this    | s information to identify your                                  | case:                        |                           |                          |   |
| Debtor 1        | Corordo Cilvo   |                              |                           |                          |   |
| Deploi          | Gerardo Silva First Name  | Middle Name                  | Last Name                 |                          |   |
| Debtor 2        |   |                              |                           |                          |   |
| (Spouse if, fil | ing) First Name   | Middle Name                  | Last Name                 | -                        |   |
| United Sta      | ates Bankruptcy Court for the:                                  | NORTHERN DISTRICT            | OF ILLINOIS               |                          |   |
| Ormod Ott       | atoo Barintaptoy Court for the.                                 |                              | 01 122111010              |                          |   |
| Case num        | iber  |                              |                           |                          |   |
| (if known)      |   |                              |                           |                          | ☐ Check if this is an   |
|                 |   |                              |                           |                          | amended filing  |
| Officia         | l Form 106H   |                              |                           |                          |   |
|                 |   |                              |                           |                          |   |
| Sched           | dule H: Your Cod  | ebtors                       |                           |                          | 12/15   |
|                 |   |                              |                           |                          |   |
| ill it out, a   | and number the entries in the earth and case number (if known   | boxes on the left. Attac     | h the Additional Page     | to this page. On the top | eeded, copy the Additional Page,<br>o of any Additional Pages, write                                      |
| 1. Do           | you have any codebtors? (If                                     | you are filing a joint case, | do not list either spouse | e as a codebtor.         |   |
| ■ No            |   |                              |                           |                          |   |
| ☐ Ye            |   |                              |                           |                          |   |
|                 | 3   |                              |                           |                          |   |
|                 | thin the last 8 years, have yo                                  |                              |                           |                          | states and territories include  |
| Arizor          | na, California, Idaho, Louisiana                                | , Nevada, New Mexico, Pu     | ierto Rico, Texas, Wasl   | hington, and Wisconsin.) |   |
| ■ No            | . Go to line 3.   |                              |                           |                          |   |
|                 | s. Did your spouse, former spo                                  | use or legal equivalent liv  | e with you at the time?   |                          |   |
|                 | s. Did your spouse, former spo                                  | use, or legal equivalent liv | e with you at the time:   |                          |   |
|                 |   |                              |                           |                          |   |
| in line<br>Form | e 2 again as a codebtor only                                    | if that person is a guarar   | ntor or cosigner. Make    | sure you have listed th  | g with you. List the person showr<br>ne creditor on Schedule D (Officia<br>Schedule E/F, or Schedule G to |
| • •             |   |                              |                           |                          |   |
|                 | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code                      |                           |                          | ditor to whom you owe the debt  |
|                 | rame, ramber, effect, effy, etate and 2                         | 0000                         |                           | Check all schedules      | з шасарру.  |
| 3.1             |   |                              |                           | ☐ Schedule D, line       | :   |
|                 | Name  |                              |                           | ☐ Schedule E/F, lii      |   |
|                 |   |                              |                           | ☐ Schedule G, line       | ·   |
|                 | Number Street   |                              |                           | _                        |   |
|                 | City  | State                        | ZIP Code                  |                          |   |
|                 |   |                              |                           |                          |   |
|                 |   |                              |                           | <b>—</b>                 |   |
| 3.2             | Name  |                              |                           | Schedule D, line         |   |
|                 | Hallo   |                              |                           | ☐ Schedule E/F, lii      |   |
|                 |   |                              |                           | ☐ Schedule G, line       | ·   |
|                 | Number Street   |                              | <b>-</b> 15 - :           | _                        |   |
|                 | Citv  | State                        | ZIP Code                  |                          |   |

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| Eill               | in this information to identify your c   | 000  |  |                                     |                        |  |  |  |
|--------------------|--|--|--|-------------------------------------|------------------------|--|--|--|
|                    | otor 1 Gerardo Silv  |  |  |                                     |                        |  |  |  |
|                    | otor 2   |  |  |                                     |                        |  |  |  |
|                    | ted States Bankruptcy Court for the  | : NORTHERN DISTRIC   | CT OF ILLINOIS                           |                                     |                        |  |  |  |
|                    | se number<br>nown)   |  | -  |                                     |                        |  |  |  |
| 0                  | fficial Form 106l  |  |  |                                     | MM / DD/ Y             | YYY  |  |  |
| Be a<br>sup<br>spo | chedule I: Your Incomes complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. | sible. If two married pec<br>are married and not fili<br>Ir spouse is not filing w | ng jointly, and you ith you, do not incl | r spouse is liv<br>lude information | ing with you, inc      | lude information about your ouse. If more space is needed, |  |  |
| Par                | Describe Employment  |  |  |                                     |                        |  |  |  |
| 1.                 | Fill in your employment information.   |  | Debtor 1                                 |                                     | Debtor 2               | 2 or non-filing spouse                                     |  |  |
|                    | If you have more than one job,   | Employment status  | ■ Employed                               |                                     | ■ Emple                | oyed   |  |  |
|                    | attach a separate page with information about additional employers.  | , ,  | ☐ Not employed                           |                                     | ☐ Not e                | □ Not employed  homemaker                                  |  |  |
|                    | Include part-time, seasonal, or self-employed work.  | Occupation Employer's name   | Filter Technolo                          | ogy                                 | homem                  |  |  |  |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address   | 7200 S Leamin                            | gton Ave                            |                        |  |  |  |
|                    |  | How long employed t  | here? 6 mon                              | ths                                 |                        |  |  |  |
| Par                | t 2: Give Details About Mor  | nthly Income   |  |                                     |                        |  |  |  |
|                    | mate monthly income as of the duse unless you are separated.   | ate you file this form. If   | you have nothing to                      | report for any                      | line, write \$0 in the | e space. Include your non-filing                           |  |  |
|                    | u or your non-filing spouse have mee space, attach a separate sheet to   |  | ombine the informati                     | ion for all empl                    | oyers for that pers    | on on the lines below. If you need                         |  |  |
|                    |  |  |  |                                     | For Debtor 1           | For Debtor 2 or non-filing spouse                          |  |  |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,   |  |  | 2. \$                               | 1,636.40               | \$   |  |  |
| 3.                 | Estimate and list monthly overt  | ime pay.   |  | 3. +\$                              | 0.00                   | +\$  |  |  |

\$ 1,636.40

Calculate gross Income. Add line 2 + line 3.

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| Deb | tor 1          | Gerardo Silva   | _              | C  | Case number (if ki | nown) |           |           |                |  |
|-----|----------------|---|----------------|----|--------------------|-------|-----------|-----------|----------------|--|
|     |                |   |                |    | For Debtor 1       |       |           | Debtor    |                |  |
|     | Con            | v line 4 hore   | 4.             |    | \$ 1.630           | 2 40  | non<br>\$ | -filing s | •              | _  |
|     | Cob            | y line 4 here   | 4.             |    | \$1,630            | 0.40  | Φ         |           | 0.00           | <u>'</u>                                     |
| 5.  | List           | all payroll deductions:   |                |    |                    |       |           |           |                |  |
|     | 5a.            | Tax, Medicare, and Social Security deductions   | 5a             | ١. | \$ 278             | 3.94  | \$        |           | 0.00           | )  |
|     | 5b.            | Mandatory contributions for retirement plans  | 5b             | ١. |                    | 0.00  | \$        | -         | 0.00           | _  |
|     | 5c.            | Voluntary contributions for retirement plans  | 5c             |    | \$                 | 0.00  | \$        |           | 0.00           | <u> </u>                                     |
|     | 5d.            | Required repayments of retirement fund loans  | 5d             |    |                    | 0.00  | \$_       |           | 0.00           | _  |
|     | 5e.            | Insurance   | 5e             |    |                    | 0.00  | \$_       |           | 0.00           | _  |
|     | 5f.            | Domestic support obligations Union dues   | 5f.            |    |                    | 0.00  | \$        |           | 0.00           | _  |
|     | 5g.<br>5h.     | Other deductions. Specify:  | 5g<br>5h       |    | ·                  | 0.00  | · · · ·   |           | 0.00           | _  |
| 6   |                |   | _              |    |                    |       |           |           |                | _  |
| 6.  |                | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.             |    |                    | 3.94  | \$        |           | 0.00           |  |
| 7.  | Calc           | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.             |    | \$1,357            | 7.46  | \$        |           | 0.00           | <u>)                                    </u> |
| 8.  | List<br>8a.    | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total   |                |    |                    |       |           |           |                |  |
|     |                | monthly net income.   | 8a             | ١. | \$                 | 0.00  | \$        |           | 0.00           | )  |
|     | 8b.            | Interest and dividends  | 8b             | ٠. | \$                 | 0.00  | \$        |           | 0.00           | )  |
|     | 8c.            | Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | <b>t</b><br>8c | ·. | \$                 | 0.00  | \$        |           | 0.00           | )  |
|     | 8d.            | Unemployment compensation   | 8d             | l. | \$                 | 0.00  | \$        |           | 0.00           | )  |
|     | 8e.            | Social Security   | 8e             | ÷. | \$                 | 0.00  | \$        |           | 0.00           |  |
|     | 8f.            | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:   | 8f.            |    |                    | 0.00  | \$        |           | 0.00           | _  |
|     | 8g.            | Pension or retirement income  | 8g             |    | ·                  | 0.00  | \$_       |           | 0.00           | _  |
|     | 8h.            | Other monthly income. Specify:  | 8n             | .+ | \$                 | 0.00  | + 5_      |           | 0.00           | _  |
| 9.  | Add            | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.             | \$ |                    | 0.00  | \$        |           | 0.0            | 0  |
| 10. | Calc           | sulate monthly income. Add line 7 + line 9.   | 10.            | \$ | 1,357.46           | + \$  |           | 0.00      | = \$           | 1,357.46                                     |
|     |                | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |                | Ť- | 1,001110           | * -   |           | - 0.00    | * -            | 1,001110                                     |
| 11. | State<br>Inclu | e all other regular contributions to the expenses that you list in Schedul ide contributions from an unmarried partner, members of your household, your friends or relatives.  Not include any amounts already included in lines 2-10 or amounts that are not include any amounts already included in lines 2-10. | ır depe        |    | •                  |       |           |           | le J.<br>+\$   | 0.00   |
| 12. |                | the amount in the last column of line 10 to the amount in line 11. The resent that amount on the Summary of Schedules and Statistical Summary of Certains   |                |    |                    |       |           | e.<br>12. | \$             | 1,357.46                                     |
| 13. | Do y           | rou expect an increase or decrease within the year after you file this forn   | າ?             |    |                    |       |           |           | Combi<br>month | ly income                                    |
|     | _              | No.<br>Yes Eynlain:   |                |    |                    |       |           |           |                | 1  |
|     | 1 1            | TES EXHAUT 1  |                |    |                    |       |           |           |                |  |

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|              |                            |                                    |               |  |  | i           |                    |   |
|--------------|----------------------------|------------------------------------|---------------|--|--|-------------|--------------------|---|
| Filli        | n this informa             | ition to identify ye               | our case:     |  |  |             |                    |   |
| Debt         | or 1                       | Gerardo Silv                       | a a           |  |  | Che         | eck if this is:    |   |
|              |                            |                                    |               |  |  |             | An amended filing  |   |
| Debt<br>(Spo | or 2<br>use, if filing)    |                                    |               |  |  |             |                    | wing postpetition chapter the following date: |
| (- -         | ,                          |                                    |               |  |  |             |                    |   |
| Unite        | ed States Bankr            | uptcy Court for the:               | NORTH         | IERN DISTRICT OF ILLIN                                       | OIS                                      |             | MM / DD / YYYY     |   |
| Case         | number                     |                                    |               |  |  |             |                    |   |
| (If kn       | own)                       |                                    |               |  |  |             |                    |   |
| ∩f           | ficial Ec                  | rm 106J                            |               |  |  | ı           |                    |   |
|              |                            |                                    |               |  |  |             |                    |   |
|              |                            | J: Your                            |               |  | Cli ((l l-                               | - 41        |                    | 12/1  |
| info         | rmation. If m              |                                    | eded, atta    | . If two married people a<br>ach another sheet to this<br>n. |  |             |                    |   |
| Part         | <u> </u>                   | ibe Your House                     |               |  |  |             |                    |   |
| 1.           | Is this a joir             |                                    | iloiu         |  |  |             |                    |   |
|              | ■ No. Go to                | line 2.                            |               |  |  |             |                    |   |
|              |                            |                                    | in a separ    | ate household?   |  |             |                    |   |
|              | □N                         | 0                                  |               |  |  |             |                    |   |
|              | □ Y                        | es. Debtor 2 mus                   | st file Offic | ial Form 106J-2, Expense                                     | s for Separate Hous                      | ehold of De | ebtor 2.           |   |
| 2.           | Do you have                | e dependents?                      | ■ Na          |  |  |             |                    |   |
| ۷.           | •                          | •                                  | _             | <b>-</b>   | 5  |             | 5                  | Book book box                                 |
|              | Do not list D and Debtor 2 |                                    | ☐ Yes.        | Fill out this information for each dependent                 | Dependent's relati<br>Debtor 1 or Debtor |             | Dependent's<br>age | Does dependent live with you?                 |
|              |                            |                                    |               | ·  |  |             |                    | □ No  |
|              | Do not state dependents    |                                    |               |  |  |             |                    | ☐ Yes   |
|              | ·                          |                                    |               |  |  |             |                    | □ No  |
|              |                            |                                    |               |  |  |             |                    | ☐ Yes   |
|              |                            |                                    |               |  |  |             |                    | □ No  |
|              |                            |                                    |               |  |  |             | _                  | ☐ Yes   |
|              |                            |                                    |               |  |  |             |                    | ☐ No  |
|              | _                          |                                    |               |  |  |             |                    | ☐ Yes   |
| 3.           |                            | penses include<br>f people other t | han 🔳         | No   |  |             |                    |   |
|              |                            | d your depende                     |               | Yes  |  |             |                    |   |
| Dowl         | O Fatim                    | -1- V 0                            |               | h. <b>F</b>  |  |             |                    |   |
| Part         |                            | ate Your Ongoi                     |               | ıy Expenses<br>uptcy filing date unless y                    | ou are using this f                      | orm as a s  | upplement in a Ch  | anter 13 case to report                       |
|              |                            |                                    |               |  |  |             |                    | of the form and fill in the                   |
| app          | licable date.              |                                    |               |  |  |             |                    |   |
| Incl         | ude expense                | s paid for with                    | non-cash      | government assistance i                                      | if you know                              |             |                    |   |
| the          | value of sucl              | h assistance an                    |               | cluded it on Schedule I:                                     |  |             | Your exp           | oncoc   |
| (Ott         | icial Form 10              | )61.)                              |               |  |  |             | Tour exp           | CIISCS  |
| 4.           | The rental of              | or home owners                     | hin exner     | ses for your residence.                                      | nclude first mortgag                     | IE          |                    |   |
| ٠.           |                            | nd any rent for th                 |               |  | noiddo mot mortgag                       | 4.          | \$                 | 562.00  |
|              | If not include             | led in line 4:                     |               |  |  |             |                    |   |
|              | 4a. Real e                 | estate taxes                       |               |  |  | 4a.         | \$                 | 0.00  |
|              |                            | rty, homeowner's                   | s, or renter  | 's insurance   |  | 4b.         |                    | 0.00  |
|              | •                          | •                                  |               | upkeep expenses  |  | 4c.         | \$                 | 0.00  |
| _            |                            | owner's associa                    |               |  |  | 4d.         | ·                  | 0.00  |
| 5.           | Additional r               | nortgage payme                     | ents for vo   | our residence, such as ho                                    | me equity loans                          | 5.          | \$                 | 0.00  |

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| Deb | otor 1  | Gerardo       | Silva   | Case num         | nber (if known)  |                              |
|-----|---------|---------------|---|------------------|------------------|------------------------------|
| 6.  | Utiliti | ies:          |   |                  |                  |                              |
| 0.  | 6a.     |               | , heat, natural gas   | 6a.              | \$               | 160.00                       |
|     | 6b.     |               | wer, garbage collection   | 6b.              | · <u> </u>       | 0.00                         |
|     | 6c.     |               | e, cell phone, Internet, satellite, and cable services  | 6c.              | · ———            | 300.00                       |
|     | 6d.     | Other. Spe    |   | 6d.              | ·                | 0.00                         |
| 7.  |         |               | ekeeping supplies   | 7.               | ·                | 250.00                       |
| 8.  |         |               | children's education costs  | 8.               | ·                | 0.00                         |
| 9.  | Cloth   | ning, laund   | lry, and dry cleaning   | 9.               | \$               | 60.00                        |
| 10. |         | •             | products and services   | 10.              | \$               | 30.00                        |
| 11. | Medi    | cal and de    | ntal expenses   | 11.              | \$               | 20.00                        |
| 12. | Trans   | sportation.   | Include gas, maintenance, bus or train fare.  |                  | · -              |                              |
|     |         |               | ar payments.  | 12.              | \$               | 250.00                       |
| 13. | Enter   | rtainment,    | clubs, recreation, newspapers, magazines, and books   | 13.              | \$               | 0.00                         |
| 14. | Char    | itable cont   | ributions and religious donations   | 14.              | \$               | 0.00                         |
| 15. | Insur   | rance.        |   |                  |                  |                              |
|     | Do no   | ot include in | nsurance deducted from your pay or included in lines 4 or 20.   |                  |                  |                              |
|     |         | Life insura   |   | 15a.             | ·                | 0.00                         |
|     |         | Health ins    |   | 15b.             |                  | 0.00                         |
|     | 15c.    | Vehicle ins   | surance   | 15c.             | \$               | 39.00                        |
|     |         |               | urance. Specify:  | 15d.             | \$               | 0.00                         |
| 16. |         |               | nclude taxes deducted from your pay or included in lines 4 or 20.   |                  |                  |                              |
|     | Spec    | ,             |   | 16.              | \$               | 0.00                         |
| 17. |         |               | ease payments:  | 47-              | Ф                | 070.00                       |
|     |         |               | ents for Vehicle 1  | 17a.             | · <u> </u>       | 378.00                       |
|     |         | . ,           | ents for Vehicle 2  | 17b.             | ·                | 254.00                       |
|     |         | Other. Spe    |   | 17c.             | ·                | 0.00                         |
| 40  |         | Other. Spe    | •   | 17d.             | \$               | 0.00                         |
| 18. |         |               | of alimony, maintenance, and support that you did not repo<br>your pay on line 5, Schedule I, Your Income (Official Form 1) |                  | \$               | 0.00                         |
| 19  | Othe    | r navments    | s you make to support others who do not live with you.  | 001).            | \$               | 0.00                         |
| 10. | Speci   |               | by you make to support outers who do not live with you.   | 19.              |                  | 0.00                         |
| 20. | •       | ·             | erty expenses not included in lines 4 or 5 of this form or on   |                  |                  |                              |
|     |         |               | s on other property   | 20a.             |                  | 0.00                         |
|     |         | Real estat    |   | 20b.             | \$               | 0.00                         |
|     | 20c.    | Property, h   | homeowner's, or renter's insurance  | 20c.             | \$               | 0.00                         |
|     |         |               | nce, repair, and upkeep expenses  | 20d.             | \$               | 0.00                         |
|     |         |               | er's association or condominium dues  | 20e.             |                  | 0.00                         |
| 21. | Othe    | r: Specify:   |   |                  | +\$              | 0.00                         |
|     |         |               |   |                  |                  | 0.00                         |
| 22. |         | -             | monthly expenses  |                  |                  |                              |
|     |         |               | through 21.   |                  | \$               | 2,303.00                     |
|     | 22b. (  | Copy line 22  | 2 (monthly expenses for Debtor 2), if any, from Official Form 106   | SJ-2             | \$               |                              |
|     | 22c. /  | Add line 22a  | a and 22b. The result is your monthly expenses.   |                  | \$               | 2,303.00                     |
| 22  | Cala    | uloto vocus   | monthly not income  |                  |                  |                              |
| 23. |         |               | monthly net income. 12 (your combined monthly income) from Schedule I.  | 23a.             | <b>c</b>         | 4 257 46                     |
|     |         |               | r monthly expenses from line 22c above.   | 23a.<br>23b.     |                  | 1,357.46                     |
|     | 230.    | Copy your     | monthly expenses from line 22c above.   | 230.             | -Φ               | 2,303.00                     |
|     | 23c     | Subtract v    | your monthly expenses from your monthly income.   |                  |                  |                              |
|     | 200.    |               | is your monthly net income.   | 23c.             | \$               | -945.54                      |
|     |         |               | · · · · · · · · · · · · · · · · · · ·   |                  | 1                |                              |
| 24. |         |               | an increase or decrease in your expenses within the year aft  |                  |                  |                              |
|     |         |               | ou expect to finish paying for your car loan within the year or do you expect   | your mortgage pa | ayment to increa | ase or decrease because of a |
|     |         |               | terms of your mortgage?   |                  |                  |                              |
|     | ■ No    |               |   |                  |                  |                              |
|     | □ Ye    | es.           | Explain here:   |                  |                  |                              |

| Fill in this infor              | rmation to identify your                           | case:                     |                              |   |
|---------------------------------|--|---------------------------|------------------------------|---|
| Debtor 1                        | Gerardo Silva                                      |                           |                              |   |
| Dahtar O                        | First Name   | Middle Name               | Last Name                    |   |
| Debtor 2<br>(Spouse if, filing) | First Name   | Middle Name               | Last Name                    |   |
| United States B                 | ankruptcy Court for the:                           | NORTHERN DISTRICT         | OF ILLINOIS                  |   |
| Case number                     |  |                           |                              |   |
| (if known)                      |  |                           |                              | ☐ Check if this is an amended filing  |
| Official For                    | m 106Doc   |                           |                              |   |
|                                 |  | n Individual              | Debtor's Sch                 | edules 12/15  |
|                                 |  |                           | sible for supplying correc   |   |
| ears, or both. 1                | gn Below   |                           | upicy case can result in r   | fines up to \$250,000, or imprisonment for up to 20                                 |
| Did you pa                      | ay or agree to pay some                            | one who is NOT an attorr  | ney to help you fill out ban | skruptcy forms?   |
| ■ No                            |  |                           |                              |   |
| ☐ Yes.                          | Name of person                                     |                           |                              | h Bankruptcy Petition Preparer's Notice, Declaration, ignature (Official Form 119). |
|                                 | alty of perjury, I declare<br>re true and correct. | that I have read the sumr | nary and schedules filed v   | with this declaration and   |
| X /s/ Ge                        | rardo Silva  |                           | X                            |   |
| Gerard                          | do Silva<br>ure of Debtor 1                        |                           | Signature of De              | ebtor 2   |
| _                               | February 29, 2016                                  |                           | Date                         |   |

| Fill in  | n this inforn   | nation to identify you                     | r case:  |                                    |                                     |                                    |  |  |  |  |  |  |
|----------|---|--|--|------------------------------------|-------------------------------------|------------------------------------|--|--|--|--|--|--|
| Debte    | or 1  | Gerardo Silva                              | M. I.I. M.   |                                    |                                     |                                    |  |  |  |  |  |  |
| Debte    | or 2  | First Name                                 | Middle Name  | Last Name                          |                                     |                                    |  |  |  |  |  |  |
|          | se if, filing)  | First Name                                 | Middle Name  | Last Name                          |                                     |                                    |  |  |  |  |  |  |
| Unite    | d States Bar  | nkruptcy Court for the:                    | NORTHERN DISTRICT C                                      | OF ILLINOIS                        |                                     |                                    |  |  |  |  |  |  |
| Case     | number  |  |  |                                    |                                     |                                    |  |  |  |  |  |  |
| (if know | wn)   |  |  |                                    | _                                   | Check if this is an mended filing  |  |  |  |  |  |  |
|          |   |  |  |                                    |                                     | 3                                  |  |  |  |  |  |  |
| Offi     | icial Fo  | rm 107                                     |  |                                    |                                     |                                    |  |  |  |  |  |  |
|          |   |  | Affairs for Individ                                      | luals Filing for B                 | ankruptcy                           | 12/15                              |  |  |  |  |  |  |
|          |   |  |  |                                    | e equally responsible for sup       |                                    |  |  |  |  |  |  |
| inforn   | nation. If m  | ore space is needed,                       | attach a separate sheet to                               |                                    | y additional pages, write yo        |                                    |  |  |  |  |  |  |
| numb     | er (if knowr  | n). Answer every ques                      | stion.   |                                    |                                     |                                    |  |  |  |  |  |  |
| Part     | 1: Give D   | etails About Your Ma                       | rital Status and Where You                               | Lived Before                       |                                     |                                    |  |  |  |  |  |  |
| 1. V     | What is your  | current marital statu                      | ıs?  |                                    |                                     |                                    |  |  |  |  |  |  |
|          | Married   |  |  |                                    |                                     |                                    |  |  |  |  |  |  |
|          | ☐ Not mar   | ried                                       |  |                                    |                                     |                                    |  |  |  |  |  |  |
| 2. [     | Ouring the last 3 years, have you lived anywhere other than where you live now? |  |  |                                    |                                     |                                    |  |  |  |  |  |  |
|          | No  |  |  |                                    |                                     |                                    |  |  |  |  |  |  |
|          | ■ No<br>□ Yes. Lis  |  |  |                                    |                                     |                                    |  |  |  |  |  |  |
|          | Debtor 1 Pri  | ior Address:                               | Dates Debtor 1   | Debtor 2 Prior Ad                  | dross.                              | Dates Debtor 2                     |  |  |  |  |  |  |
|          | Debtor 1111   | ioi Addiess.                               | lived there  | Debiol 2 I Hol Ad                  | ui coo.                             | lived there                        |  |  |  |  |  |  |
| 3. V     | Within the la   | ıst 8 years, did you ev                    | ver live with a spouse or leg                            | gal equivalent in a commu          | nity property state or territor     | y? (Community property             |  |  |  |  |  |  |
| states   | and territori   | es include Arizona, Ca                     | lifornia, Idaho, Louisiana, Ne                           | vada, New Mexico, Puerto R         | ico, Texas, Washington and V        | Visconsin.)                        |  |  |  |  |  |  |
|          | No  |  |  |                                    |                                     |                                    |  |  |  |  |  |  |
|          | ☐ Yes. Ma   | ke sure you fill out Scl                   | hedule H: Your Codebtors (O                              | fficial Form 106H).                |                                     |                                    |  |  |  |  |  |  |
| Part     | 2 Evnlai  | n the Sources of You                       | r Income   |                                    |                                     |                                    |  |  |  |  |  |  |
| ıaıı     | Explain   | in the obtained or rota                    | i ilicollic  |                                    |                                     |                                    |  |  |  |  |  |  |
|          |   |  | nployment or from operating received from all jobs and a |                                    | ear or the two previous cale        | ndar years?                        |  |  |  |  |  |  |
|          |   |  | have income that you receiv                              |                                    |                                     |                                    |  |  |  |  |  |  |
| г        | □ No  |  |  |                                    |                                     |                                    |  |  |  |  |  |  |
| Ī        |   | in the details.                            |  |                                    |                                     |                                    |  |  |  |  |  |  |
|          |   |  | Dalitan 4  |                                    | Dalitar 0                           |                                    |  |  |  |  |  |  |
|          |   |  | Debtor 1 Sources of income                               | Gross income                       | Debtor 2 Sources of income          | Gross income                       |  |  |  |  |  |  |
|          |   |  | Check all that apply.                                    | (before deductions and exclusions) | Check all that apply.               | (before deductions and exclusions) |  |  |  |  |  |  |
|          |   | of current year until<br>d for bankruptcy: | ■ Wages, commissions, bonuses, tips                      | \$2,033.51                         | ☐ Wages, commissions, bonuses, tips |                                    |  |  |  |  |  |  |
|          |   |  | ☐ Operating a business                                   |                                    | ☐ Operating a business              |                                    |  |  |  |  |  |  |

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|    |   |   |  | Debtor 1  |   |                                |  |                              | Debtor 2                             |                                |   |
|----|---|---|--|---|---|--------------------------------|--|------------------------------|--------------------------------------|--------------------------------|---|
|    |   |   |  |   | of income<br>that apply.                                  | (befo                          | ss income<br>ore deduction:<br>usions) | s and                        | Sources of ind<br>Check all that a   |                                | Gross income<br>(before deductions<br>and exclusions) |
|    | r last calen<br>anuary 1 to   |   | 31, 2015 )   | ☐ Wages<br>bonuses,   | s, commissions,<br>tips                                   |                                | \$35,00                                | 00.00                        | ☐ Wages, con bonuses, tips           | nmissions,                     |   |
|    |   |   |  | ☐ Opera   | ting a business   |                                |  |                              | ☐ Operating a                        | business                       |   |
|    | r the calendanuary 1 to   |   |  |   |   |                                |  |                              | ☐ Wages, con bonuses, tips           | nmissions,                     |   |
|    |   |   |  | ☐ Opera   | ting a business   |                                |  |                              | ☐ Operating a                        | business                       |   |
| 5. | Include incurrence includes incurrence includes incurrence including a gambling a list each size. | come regard<br>ment, and o<br>and lottery v               | dless of whet<br>ther public b<br>vinnings. If you | ther that inco<br>enefit paymo<br>ou are filing   | ents; pensions; rei<br>a joint case and y                 | amples<br>ntal inco<br>ou have | of other income; interest; income that | ne are<br>dividen<br>you red | alimony; child sup                   | ed from laws<br>t it only once | uits; royalties; and                                  |
|    |   |   |  | Debtor 1  |   |                                |  |                              | Debtor 2                             |                                |   |
|    |   |   |  | Sources of Describe I   | of income<br>pelow  | (befo                          | ss income<br>ore deduction:<br>usions) | s and                        | Sources of inc<br>Describe below     |                                | Gross income<br>(before deductions<br>and exclusions) |
| Pa | rt 3: List  | Cortain Pa  | wments You   | ı Made Refe   | ore You Filed for   | Rankru                         | intev                                  |                              |                                      |                                |   |
|    | LIS.  | Containing  | tymonto rot  | a made Ber  | 710 100 11100 101   | Dania                          | рю                                     |                              |                                      |                                |   |
| 6. | Are either No.  | Neither D   | ebtor 1 nor  | Debtor 2 ha   | imarily consume<br>s primarily consu<br>amily, or househo | umer de                        | ebts. Consun                           | ner deb                      | ts are defined in 1                  | 1 U.S.C. § 10                  | 01(8) as "incurred by an                              |
|    |   | During the  | 90 days bef  | ore you filed   | for bankruptcy, d   | id you p                       | ay any credite                         | or a tota                    | al of \$6,225* or mo                 | ore?                           |   |
|    |   | □ No.   | Go to line   | 7.  |   |                                |  |                              |                                      |                                |   |
|    |   | □ Yes   | paid that c<br>not include                         | reditor. Do re payments t   | ot include paymer o an attorney for t                     | nts for d<br>his banl          | omestic supp<br>kruptcy case.          | ort obli                     |                                      | hild support a                 | the total amount you and alimony. Also, do            |
|    | ■ Yes.  | Debtor 1  | or Debtor 2  | or both hav   | e primarily consu   | umer de                        | ebts.                                  |                              | al of \$600 or more                  | •                              |   |
|    |   | ■ No.   | Go to line   | 7.  |   |                                |  |                              |                                      |                                |   |
|    |   | ☐ Yes   | List below include pay                             | each credito  |   |                                |  |                              | d the total amoun oport and alimony. |                                | at creditor. Do not include payments to               |
|    | Creditor'   | s Name an   | d Address  |   | Dates of payme  | ent                            | Total amo                              | ount<br>oaid                 | Amount you still owe                 | Was this p                     | payment for   |
| 7. | Insiders in corporatio including a support ar   | iclude your<br>ns of which<br>one for a bu<br>nd alimony. | relatives; any<br>you are an o                     | br bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  y general partners; relatives of any general partners; partnerships of which you are a general partner; officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, perate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child |   |                                |  |                              |                                      |                                |   |
|    | Insider's   | Name and  | Address  |   | Dates of payme  | ent                            | Total amo                              |                              | Amount you                           | Reason fo                      | r this payment  |
|    |   |   |  |   |   |                                |  | paid                         | still owe                            |                                |   |

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| 8.   | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?  Include payments on debts guaranteed or cosigned by an insider.  No |                       |                     |                         |                    |                                |  |  |  |  |  |
|--|--|-----------------------|---------------------|-------------------------|--------------------|--------------------------------|--|--|--|--|--|
|  | Yes. List all payments to an insider   |                       |                     |                         |                    |                                |  |  |  |  |  |
|  | Insider's Name and Address   | Dates of narmout      | Total amount        | A                       | December for       | . this                         |  |  |  |  |  |
|  | insider's Name and Address   | Dates of payment      | Total amount paid   | Amount you<br>still owe |                    | r this payment<br>ditor's name |  |  |  |  |  |
| Par  | t 4: Identify Legal Actions, Repossession  | s, and Foreclosures   |                     |                         |                    |                                |  |  |  |  |  |
| 9.   | Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes.  |                       |                     |                         |                    |                                |  |  |  |  |  |
|  | ■ No □ Yes. Fill in the details.   |                       |                     |                         |                    |                                |  |  |  |  |  |
|  | Case title Case number   | Nature of the case    | Court or agency     |                         | Status of the      | he case                        |  |  |  |  |  |
| 10.  | Within 1 year before you filed for bankrupte Check all that apply and fill in the details below  No Yes. Fill in the information below.  |                       | erty repossessed, f | oreclosed, garnis       | shed, attache      | ed, seized, or levied?         |  |  |  |  |  |
|  | Creditor Name and Address  | Describe the Property |                     | Date                    | Date Value of      |                                |  |  |  |  |  |
|  |  | Explain what happened | d                   |                         |                    | property                       |  |  |  |  |  |
| <ul> <li>Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts fro accounts or refuse to make a payment because you owed a debt?</li> <li>No</li> <li>Yes. Fill in the details.</li> <li>Creditor Name and Address</li> <li>Describe the action the creditor took</li> <li>Date action was</li> </ul> |  |                       |                     |                         |                    | amounts from your  Amount      |  |  |  |  |  |
| 12.  | Within 1 year before you filed for bankrupte court-appointed receiver, a custodian, or a  ■ No □ Yes   |                       | erty in the possess | taken                   |                    | nefit of creditors, a          |  |  |  |  |  |
| Par  | t 5: List Certain Gifts and Contributions  |                       |                     |                         |                    |                                |  |  |  |  |  |
| 13.  | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  ■ No □ Yes. Fill in the details for each gift.   |                       |                     |                         |                    |                                |  |  |  |  |  |
|  | Gifts with a total value of more than \$600 per person   | Describe the gifts    |                     | Dates<br>the g          | s you gave<br>ifts | Value                          |  |  |  |  |  |
|  | Person to Whom You Gave the Gift and Address:  |                       |                     |                         |                    |                                |  |  |  |  |  |
| 14.  | Within 2 years before you filed for bankrup  ■ No  □ Yes. Fill in the details for each gift or con   |                       | s or contributions  | with a total value      | of more than       | n \$600 to any charity         |  |  |  |  |  |
|  | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)   | al Describe what you  | u contributed       | Dates                   | s you<br>ibuted    | Value                          |  |  |  |  |  |
| Par  | t 6: List Certain Losses   |                       |                     |                         |                    |                                |  |  |  |  |  |
| _  |  |                       |                     |                         |                    |                                |  |  |  |  |  |

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other

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|     | disaster, or gambling?   |  |   |                        |
|-----|--|--|---|------------------------|
|     | ■ No   |  |   |                        |
|     | ☐ Yes. Fill in the details.  |  |   |                        |
|     |  | Describe any insurance coverage for the loss   | Date of your                            | Value of property      |
|     | p  | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/Property. | loss<br>/B:                             | lost                   |
| Par | t 7: List Certain Payments or Transfers  |  |   |                        |
|     | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.   |  |   |                        |
|     | □ No   |  |   |                        |
|     | Yes. Fill in the details.  |  |   |                        |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Yo   | Description and value of any property transferred  | Date payment<br>or transfer was<br>made | Amount of payment      |
|     | Gonzalez Law Group, P.C.<br>1904 S. Cicero, Suite #1<br>Cicero, IL 60804<br>glg@gonzalezlawchicago.com   | Attorney Fees  |   | \$583.00               |
| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.  |  |   |                        |
|     | Yes. Fill in the details.  |  |   |                        |
|     | Person Who Was Paid Address  | Description and value of any property transferred  | Date payment or transfer was            | Amount of payment      |
|     | Address  | transierreu  | made                                    | payment                |
|     | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No  Yes. Fill in the details. |  |   |                        |
|     | Person Who Received Transfer   |  | scribe any property or                  | Date transfer was      |
|     | Address  |  | yments received or debts id in exchange | made                   |
|     | Person's relationship to you   |  |   |                        |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  |  |   |                        |
|     | Name of trust  | Description and value of the property tra  | ansferred                               | Date Transfer was made |

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Debtor 1 Gerardo Silva

| Pai | t 8:   | List of Certain Financial Accounts, In  | struments,              | Safe Depo                       | osit Boxes, and S            | torage Uni  | its                                       |       |                               |
|-----|--|---|-------------------------|---------------------------------|------------------------------|-------------|---|-------|-------------------------------|
| 20. | sol<br>Inc   | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage   |                         |                                 |                              |             |   |       |                               |
|     | hou  | uses, pension funds, cooperatives, asso<br>No   | ciations, ar            | nd other fil                    | nancial institution          | 15.         |   |       |                               |
|     |  | Yes. Fill in the details.   |                         |                                 |                              |             |   |       |                               |
|     |  | me of Financial Institution and   | Loct 4 dim              | ito of                          | Tyrno of account             | unt or      | Date account was                          |       | Last balance                  |
|     |  | dress (Number, Street, City, State and ZIP  | Last 4 dig<br>account r |                                 | Type of acco                 | unt or      | closed, sold,<br>moved, or<br>transferred |       | before closing or<br>transfer |
| 21. |  | you now have, or did you have within 1<br>h, or other valuables?  | year before             | you filed                       | for bankruptcy, a            | ny safe de  | eposit box or other depo                  | sito  | ry for securities,            |
|     |  | No<br>Yes. Fill in the details.   |                         |                                 |                              |             |   |       |                               |
|     |  | nme of Financial Institution<br>Idress (Number, Street, City, State and ZIP Code)   | Addr                    |                                 | r, Street, City,             | Describe    | the contents                              |       | Do you still have it?         |
| 22. | Hav  | ve you stored property in a storage unit  | or place oth            | ner than yo                     | our home within 1            | year befo   | ore you filed for bankrup                 | tcy   |                               |
|     |  | No  |                         |                                 |                              |             |   |       |                               |
|     |  | Yes. Fill in the details.   |                         |                                 |                              |             |   |       |                               |
|     |  | nme of Storage Facility<br>Idress (Number, Street, City, State and ZIP Code)  | to it?<br>Addr          | ,                               | or had access                | Describe    | the contents                              |       | Do you still have it?         |
| Pai | t 9:   | Identify Property You Hold or Control   | for Someo               | ne Else                         |                              |             |   |       |                               |
| 23. | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. |   |                         |                                 |                              |             |   |       |                               |
|     |  | No  |                         |                                 |                              |             |   |       |                               |
|     |  | Yes. Fill in the details.   |                         |                                 |                              |             |   |       |                               |
|     |  | vner's Name<br>Idress (Number, Street, City, State and ZIP Code)  |                         | re is the pr<br>er, Street, Cit | roperty?<br>y, State and ZIP | Describe    | the property                              |       | Value                         |
| Pai | t 10   | Give Details About Environmental Inf  | ormation                |                                 |                              |             |   |       |                               |
| For | the  | purpose of Part 10, the following definit   | ions apply:             |                                 |                              |             |   |       |                               |
|     | tox  | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. |                         |                                 |                              |             |   |       |                               |
|     |  | e means any location, facility, or propert<br>own, operate, or utilize it, including disp   | -                       | d under ar                      | ny environmental             | law, wheth  | her you now own, opera                    | te, c | or utilize it or used         |
|     |  | zardous material means anything an env<br>ardous material, pollutant, contaminant   |                         |                                 | es as a hazardous            | s waste, ha | azardous substance, tox                   | ic s  | substance,                    |
| Rep | ort a  | all notices, releases, and proceedings th   | at you know             | w about, re                     | egardless of whe             | n they occ  | urred.                                    |       |                               |
| 24. | Has  | s any governmental unit notified you tha  | t you may b             | e liable or                     | potentially liable           | under or    | in violation of an enviro                 | nme   | ental law?                    |
|     |  | No<br>Yes. Fill in the details.   |                         |                                 |                              |             |   |       |                               |
|     |  | me of site  |                         | ernmental                       | unit                         |             | onmental law, if you                      |       | Date of notice                |

ZIP Code)

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Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

Official Form 107

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). ☐ Yes. Name of Person

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Debtor 1 Gerardo Silva

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|                                       |   | Document  | Page 40 of 50                |  |
|---------------------------------------|---|---|------------------------------|--|
| Fill in this infor                    | mation to identify yo   | ur case:  |                              |  |
| Debtor 1                              | Gerardo Silva   |   |                              |  |
|                                       | First Name  | Middle Name   | Last Name                    |  |
| Debtor 2                              |   |   |                              |  |
| (Spouse if, filing)                   | First Name  | Middle Name   | Last Name                    |  |
| United States Ba                      | ankruptcy Court for the   | NORTHERN DISTRICT OF IL   | LINOIS                       |  |
| Case number                           |   |   |                              |  |
| (if known)                            |   |   |                              | Check if this is an amended filing         |
| Official Fo                           |   | on for Individuals  | s Filing Under (             | Chapter 7 12/15                            |
| creditors have leasy you must file th | re claims secured by<br>sed personal propert<br>is form with the cour | y and the lease has not expired.<br>t within 30 days after you file you | ur bankruptcy petition or by | the date set for the meeting of creditors, |

on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the

| information below.  |  |   |  |  |  |
|---|--|---|--|--|--|
| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt?  | Did you claim the property as exempt on Schedule C? |  |  |  |
|   |  |   |  |  |  |
| Creditor's Pnc Bank                                       | ☐ Surrender the property.  | □ No  |  |  |  |
| name:   | ☐ Retain the property and redeem it.                             |   |  |  |  |
| Description of 2013 Chevrolet Spark 22K miles             | Retain the property and enter into a<br>Reaffirmation Agreement. | ■ Yes   |  |  |  |
| property Value per Kelly Blue Book                        | ☐ Retain the property and [explain]:                             |   |  |  |  |
| securing debt:  |  |   |  |  |  |
| Creditor's Wfds/wds                                       | ☐ Surrender the property.  | □ No  |  |  |  |
| name:   | Retain the property and redeem it.                               |   |  |  |  |
| Description of 2012 Chevrolet Equinoz 30K                 | Retain the property and enter into a<br>Reaffirmation Agreement. | ■ Yes   |  |  |  |
| property securing debt:  miles Value per Kelly Blue Book  | ☐ Retain the property and [explain]:                             |   |  |  |  |
| •   |  |   |  |  |  |

### Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

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| Debtor 1 Gerardo Silva   | Case number (if known)   |
|--|--|
| Lessor's name: Description of leased Property:   | □ No □ Yes   |
| Lessor's name: Description of leased Property:   | □ No □ Yes   |
| Lessor's name: Description of leased Property:   | □ No □ Yes   |
| Lessor's name: Description of leased Property:   | □ No   |
| Lessor's name: Description of leased Property:   | □ No □ Yes   |
| Lessor's name: Description of leased Property:   | □ No □ Yes   |
| Lessor's name: Description of leased Property:   | □ No □ Yes   |
| Part 3: Sign Below  Under penalty of perjury, I declare that I have indicated my intention about property that is subject to an unexpired lease. | t any property of my estate that secures a debt and any personal |
| X /s/ Gerardo Silva Gerardo Silva Signature of Debtor 1  | Signature of Debtor 2  |
| Date February 29, 2016 Date  | e  |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee
 \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-06781 Doc 1 Filed 02/29/16 Entered 02/29/16 13:34:56 Desc Main Document Page 46 of 50

B2030 (Form 2030) (12/15)

1.

2.

3.

4.

5.

## **United States Bankruptcy Court Northern District of Illinois**

| In re  | n re Gerardo Silva  |  | Case No.                  |                          |              |
|--------|---|--|---------------------------|--------------------------|--------------|
|        | Ι   | Debtor(s)  | Chapter                   | 7                        |              |
|        | DISCLOSURE OF COMPENSATIO   | N OF ATTORNEY  | FOR DE                    | CBTOR(S)                 |              |
| C      | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify compensation paid to me within one year before the filing of the peti be rendered on behalf of the debtor(s) in contemplation of or in conn  | tion in bankruptcy, or agre                              | ed to be paid             | to me, for services ren  | dered or to  |
|        | FLAT FEE  |  |                           |                          |              |
|        | For legal services, I have agreed to accept   |  | \$                        | 995.00                   |              |
|        | Prior to the filing of this statement I have received   |  | <b></b>                   | 583.00                   |              |
|        | Balance Due   |  | <b>.</b>                  | 412.00                   |              |
|        | □ RETAINER  |  |                           |                          |              |
|        | For legal services, I have agreed to accept and received a retained   | er of  | \$                        |                          |              |
|        | The undersigned shall bill against the retainer at an hourly rate of [Or attach firm hourly rate schedule.] Debtor(s) have agreed to fees and expenses exceeding the amount of the retainer.  | of 9<br>pay all Court approved                           | <b></b>                   |                          |              |
| . 1    | The source of the compensation paid to me was:  |  |                           |                          |              |
|        | ■ Debtor □ Other (specify):   |  |                           |                          |              |
| . 1    | The source of compensation to be paid to me is:   |  |                           |                          |              |
|        | ■ Debtor □ Other (specify):   |  |                           |                          |              |
|        | ■ I have not agreed to share the above-disclosed compensation wit   | h any other person unless t                              | hey are meml              | pers and associates of r | ny law firm. |
|        | ☐ I have agreed to share the above-disclosed compensation with a copy of the agreement, together with a list of the names of the period of th |  |                           |                          | v firm. A    |
|        | In return for the above-disclosed fee, I have agreed to render legal se   | ervice for all aspects of the                            | bankruptcy c              | ase, including:          |              |
| t<br>c | <ul> <li>a. Analysis of the debtor's financial situation, and rendering advices</li> <li>b. Preparation and filing of any petition, schedules, statement of affactors.</li> <li>c. Representation of the debtor at the meeting of creditors and confid. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reduce to need to be a secured creditor.</li> </ul>  | airs and plan which may be<br>rmation hearing, and any a | required;<br>djourned hea | rings thereof;           |              |
|        | reaffirmation agreements and applications as need 522(f)(2)(A) for avoidance of liens on household go   | ded; preparation and fi                                  | ling of moti              | ons pursuant to 11       | usc          |
| . I    | By agreement with the debtor(s), the above-disclosed fee does not in Representation of the debtors in any dischargeabi  |  |                           | es, relief from stay     | actions or   |

any other adversary proceeding.

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| In re | Gerardo Silva |       |  |
|-------|---------------|-------|--|
|       | Deb           | or(s) |  |

### DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

| (Continuation Sheet)  |   |  |  |
|---|---|--|--|
| CERT  | TIFICATION  |  |  |
| I certify that the foregoing is a complete statement of any agreement this bankruptcy proceeding. | ent or arrangement for payment to me for representation of the debtor(s) in |  |  |
| February 29, 2016   | /s/ Daniel Gonzalez   |  |  |
| Date  | Daniel Gonzalez 6285539   |  |  |
|   | Signature of Attorney   |  |  |
|   | Gonzalez Law Group, P.C.  |  |  |
|   | 1904 S. Cicero, Suite #1  |  |  |
|   | Cicero, IL 60804  |  |  |
|   | 312-962-0416 Fax: 312-276-4104  |  |  |
|   | glg@gonzalezlawchicago.com  |  |  |
|   | Name of law firm  |  |  |
| Date February 29, 2016 Signature  | /s/ Gerardo Silva   |  |  |
| <u> </u>  | Gerardo Silva   |  |  |
|   | Debtor  |  |  |

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### United States Bankruptcy Court Northern District of Illinois

| In re | Gerardo Silva                              |   | Case No.                       |              |
|-------|--|---|--------------------------------|--------------|
|       |  | Debtor(s)   | Chapter 7                      |              |
|       | VE   | ERIFICATION OF CREDITOR M                           | IATRIX                         |              |
|       |  | Number of   | Creditors:                     | 17           |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credit             | ors is true and correct to the | e best of my |
| Date: | February 29, 2016                          | /s/ Gerardo Silva Gerardo Silva Signature of Debtor |                                |              |

Barclays Bank Delaware 125 S West St Wilmington, DE 19801

Bk Of Amer Po Box 982238 El Paso, TX 79998

Cap1/mnrds

Fifth Third Bank 5050 Kingsley Dr Md 1moc2g Cincinnati, OH 45263

Fifth Third Bank PO Box 630900 Cincinnati, OH 45263

Kohls/capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Mohela/dept Of Ed 633 Spirit Dr Chesterfield, MO 63005

Pnc Bank 2730 Liberty Ave Pittsburgh, PA 15222

Sears/cbna Po Box 6282 Sioux Falls, SD 57117

Syncb/hh Gregg C/o P.o. Box 965036 Orlando, FL 32896

Syncb/jcp Po Box 965007 Orlando, FL 32896 Syncb/lenscrafters C/o Po Box 965036 Orlando, FL 32896

Syncb/walmart Po Box 965024 Orlando, FL 32896

Td Bank Usa/targetcred Po Box 673 Minneapolis, MN 55440

Thd/cbna Po Box 6497 Sioux Falls, SD 57117

Turner Acceptance Crp 5900 W Howard St Skokie, IL 60077

Wfds/wds Po Box 1697 Winterville, NC 28590